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To: Examiner: Carlos N. Lopez Company: USPTO Fax Number: +1.571.273.8300 Tel Number:

From: Lawrence J. McClure

For internal purposes only:

Date: January 22, 2007

Client number: 81863.0024

Time:

Attorney billing number: 1966

Total number of pages incl. cover page: 9

Confirmation number: Return Fax to D. Zynn

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/722,157, Our Ref. 81863.0024

I hereby certify that the following documents:

-
- Supplemental Amendment Under 37 CFR 1.116/Amendment Transmittal
- Petition for Extension of Time (2 mos.)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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FORM PTO-1083

JAN 22 2007

81863.0024

Patent Application No. 10/722,157

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shuzo IWASHITA, et al.

Serial No: 10/722,157

Filed: November 25, 2003

For: PIEZOELECTRIC CERAMICS AND METHOD
OF MANUFACTURING THE SAME,
ACTUATOR AND METHOD OF
MANUFACTURING THE SAME, PRINTING
HEAD AND INK JET PRINTER

Art Unit: 1731

Examiner: Carlos N. Lopez

I hereby certify that this correspondence
is being transmitted via facsimile to
(571)273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

January 22, 2007

Date of Deposit

Diane Zynn

Name

Signature

01/22/07

Date

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a supplemental amendment in the above-identified application, along with a

☒ Petition for Extension of Time (2 mos.)☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	1	-	30	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	1	-	5	0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 13					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

-- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the fee of \$450 for the two-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: January 22, 2007

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By:

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